M. AUDITS AND MONITORING

Policy

The State Health Department and WIC office will conduct both Fiscal and Management Evaluations of local agencies in order to ensure compliance with federal and state regulations, provide technical assistance and clarification of policies, ensure appropriate and adequate staffing, identify strengths and specific program problems, and identify training needs.

A positive approach will be taken during the Management Evaluation with the belief that the visits will be beneficial to both the state and local agencies.

In this section
This section contains the following topics.

M.1. Fiscal Audits

Policy: Local agency independent Fiscal Audits

Due to the Single Audit Act independent auditors hired by their own agency must audit all local WIC agencies on a yearly basis. The auditor will send the findings and recommendations to the Bureau of Financial Audit.

Policy: State Department of Health Fiscal Audits

Approximately every three years, each local agency will also have a financial audit conducted by the Bureau of Financial Audit of the State Department of Health.

Procedure

I. The State Department of Health Fiscal Audit is more comprehensive than the local agency independent audit. The auditor for the State Health Department will review documentation at your agency for:

    a. Expenditures: Budget vs. Actual and Actual vs. the Expenditures reported to the State

    b. Revenues: Actual vs. Revenues reported to the State

II. The auditor will use the audit guidelines provided by USDA, as well as the specific standards set forth in the publication "The Standards of Audit of Government Organizations, Programs, Activities and Functions," issued by the Comptroller General of the United States. These audits will be used to determine:

    a. Whether financial operations are properly conducted,

    b. Whether the financial reports are fairly presented, and

    c. Whether the agency has complied with applicable laws, regulations, and administrative requirements pertaining to financial management.

III. If the local agency WIC Program is being audited by another state, federal, or independent auditor during this time frame, the State Department of Health may elect not to conduct their audit, or may only cover the areas not included by the other independent audit. The State Department of Health will determine this after reviewing the results of the independent audit.

M.2. Local Agency Management Evaluations

Policy

Every local agency will be evaluated according to the Federal Regulations. The review will include clinics that have not been previously evaluated.

Procedure

I.   Every local agency will be evaluated according to the Federal Regulations. The review will include clinics that have not been previously evaluated; however depending on any findings, any clinic within the local agency may be reviewed at any time, regardless of whether or not the State agency has scheduled an on-site visit. All findings from any clinic within the local agency will be documented on the written report.

II.   The schedule for the visits to the local agencies will be determined according to the Federal Regulations. Each agency will be evaluated a minimum of once every other fiscal year. A minimum of two clinics will be visited and evaluated for agencies operating 6 to 10 WIC clinics, and a minimum of one clinic will be visited and evaluated for agencies operating 5 or less WIC clinics.

III.   The State WIC office will contact the local agency administrator to schedule the Management Evaluation and site visit at least 60 days in advance. A letter of confirmation will be sent to the local agency. The letter will include a list of information required for the visit.

IV.   The Management Evaluation will be conducted by administrative and nutrition staff from the State WIC office. Two or three State Office staff usually conducts each audit.

V.   The clinic schedule during the on-site visit should include several certification appointments including an initial certification if possible. In order for clinic staff to have time for discussion with State staff it is recommended that the clinic's schedule be lighter than normal during the visit. During the conduct of the Management Evaluation, if it is determined that insufficient time has been scheduled to complete the review, the State Office staff will schedule additional time with the Clinic Supervisor and the Local WIC Director to complete the review. If significant training is necessary, additional time will be scheduled specifically for a Technical Assistance visit.

VI.   The State agency will evaluate all aspects of program operations in the local agency including, but not limited to:

a.   program management
b.   staffing & training
c.   application time frames
d.   certification procedures/participant services
e.   eligibility
f.   laboratory procedures
g.   termination and ineligibility procedures
h.   participant violations/complaints
i.   clinic fraud
j.   check issuance
k.   VENA and nutrition education
l.   supplemental food issuance
m.   breastfeeding promotion and support
n.   civil rights compliance
o.   outreach
p.   computer reports
q.   vendor management
r.   equipment maintenance and inventory
s.   financial systems

VII.   Prior to the State office evaluation, each clinic to be evaluated within the district shall perform the Self-Monitoring Tool found in this section.

a.   This tool must be completed electronically and sent via email to the State office no less than 30 days prior to the scheduled Management Evaluation visit.

b.   Failure to submit the Self-Monitoring Tool will result in a finding, which will be reflected in the final report.

c.   Answers of "Not Applicable", or no answer provided is not acceptable, and the State office will request additional information.

VIII.   When possible, an Exit Review will be held at the end of the Management Evaluation visit with the involved State WIC office staff and local agency personnel.

a.   Findings from the Management Evaluation will be discussed, along with ideas for implementation.

b.   Findings are marked with a "No" on the Management Evaluation report. Occasionally a finding may be marked both "Yes" and "No" when there is partial compliance to the given policy.

c.   Findings are defined as areas which fall below an 80% pass rate, with the exception of the following:

      i.   Processing standards, rights and responsibilities, participant violations, education of how to use food instruments and cash value vouchers (see section I, General Education) and notification of ineligibility must be adequately documented 100%.

      ii.   All participants shall have at least two nutrition education contacts made available to them during each certification period (see section I).

      iii.   Core contact provided *at least* at the initial certification must be documented 100%.

IX.   On the day of or within 30 days of the evaluation, a written report of the findings and recommendations will be sent to the local agency.

a.   The local agency will submit a written response addressing action taken or planned regarding the findings within 30 days of receiving the letter. If a portion of a report is received by the local agency at a different time then the remainder of the report, then a response on that portion is due within 30 days.

b.   The local agency must respond to each finding (a "No" found on the final report) with a plan of action to correct the deficiency.

c.   The State office will then determine whether the local agency deficiencies have been adequately corrected, and if the action plans provided adequately address the findings.

d.   Recommendations or quality comments are comments that are marked "Yes" on the final report. It is not necessary to respond to these comments as they are suggestions for improvement or explanations of best practices, unless indicated.

X.   For action plans in progress, the local agency must submit documentation to the State agency of their corrective actions consistent with the timeline provided to the State agency and in the response to the findings letter.

a.   Once documentation is received, the State agency will evaluate the documentation and provide the local agency with a response identifying whether the finding(s) have been closed, or whether further action is required.

b.   In order for a finding to be closed, documentation must be provided that supports the pass rates outlined above.

Policy: Technical Assistance visits

A Technical Assistance visit will be made upon request of the local agency, or when the management evaluation or other circumstances indicate it is necessary. The Technical Assistance visit may be held after or between management evaluation visits, to check on previous findings, provide training, and answer any questions that the local agency may have.

M.3. State Agency Management Evaluations

Policy: FNS Management Evaluation Visits

At least once every 3 years, USDA will evaluate the Utah WIC Program. Upon receipt of the findings letter from FNS, the State WIC Office will submit a written response addressing action taken or planned regarding the findings within 60 days of receiving the letter.

M.4. Self Monitoring Tool

Please complete electronically and submit to the State office at least 30 days prior to the State ME visit.

Answers of "Not Applicable" are not acceptable, and the State will request further information.

Local Agency:

Clinic:

Date due:

Date self evaluation was completed:

Completed by:

Scheduled on-site visit date(s):

Clinic operating hours on the scheduled date(s):

Anticipated number of certification appointments to be scheduled during the on-site visit:

Critical staff that will not be present at the clinic during the visit:

List any files or other items to be reviewed that will not be on site and list their location:

M.4.1. Staffing and Training - Personnel

List all staff members currently working for the WIC Program in this clinic:

WIC Title (CPA, CA, Clerk, etc.)	Name	Credentials	Date Hired Month/Year	# hrs/wk worked in WIC

Present Caseload?	
Total # FTE hours?	
Do you feel your staff/participant ratio is adequate, manageable, or inadequate? Explain why.	

M.4.2. Staffing and Training

Refer to Section B and Section K.

Position	Staff Member
Administrator/Director	
Breastfeeding Coordinator	
Breastfeeding Peer Counselor(s)	

IBCLC	
Module Preceptor(s)	
Nutrition Class Preceptor	
Outreach Coordinator	
Peer Counselor Supervisor	
Registered Dietitian(s)	
Vendor Coordinator	

M.4.3. Staffing and Training - Training Modules

Please answer the following questions (See Section B for "Training Modules" and for "Minimum Training Required for Each WIC Function").

Have modules been completed by all staff members? If no, why not? **(Attach a copy of the Module Completion logs for all staff members.)**	
When was the Civil Rights module last completed? Was it completed as a group or individually? Did all staff members complete the training? If not completed in the last year, why not and when will it be completed?	

M.4.4. Staffing and Training - Inservices and CEUs

Please answer the following questions (see Section B for information on inservices and CEUs).

Who is responsible for the area of inservices and CEU completion?	
How many hours of nutrition inservices were provided to the staff during the last year? (Provide inservice file including evaluation forms and attendance records to state staff)	
How do you determine your staff's nutrition inservice needs?	

Were all inservices evaluated? If not, why not and how will this be corrected?	
Date of breastfeeding inservice(s). Did ALL staff members attend? If not, why not and who did not attend (please list)	
Date staff was inserviced on the nutrition education plan.	
List all CPAs/CAs that did **not** receive 12 hours of inservices/CEUs in the last year. Why not and how will this be corrected next year? **(Attach a copy of all CPAs/CAs inservice and CEU logs.)**	

M.4.5. Certification/Eligibility - Application and Clinic Hours

Please answer the following questions (See Sections C & G for further clarification).

How are appointments offered outside normal business hours of 8am-5pm? If not offered, why not?	
What time is your latest certification appointment?	
What time is your latest class appointment?	
Are the clinic hours and/or the availability of afterhours appointments posted?	
Are all applicants served within 10 or 20 days (based on category)? If not, why not and how will this be corrected?	
Is required data collected for each applicant on the day they contact the clinic? If not, why?	
Who is responsible for "building" the schedule?	
Are there enough appointments to serve all applicants and participants in a timely manner? If no, why not and what steps will be taken to correct this?	
How do you handle participants who are late for class? For certs? Is this a formal policy? Does the state have a copy of this formal policy on file? (If not, please make a copy and supply to the state office.)	

M.4.6. Certification/Eligibility – Certification Periods

Please answer the following questions (See Section C for further information on certification periods.

How early are you providing breastfeeding support postpartum for a recertification appointment? (Approximately how many days after delivery are postpartum women being seen)	
For what reasons are certification periods shortened/extended. Is the reason documented? If so, where is this documented?	

M.4.7. Certification/Eligibility - Homeless

Please answer the following questions (See Section C for the homeless policy).

Where are the homeless and domestic violence shelters in your area? If no shelters, what agencies serve these individuals?	
Have all domestic violence and homeless shelters that serve WIC participants been monitored for compliance? When did the local agency monitor compliance? Is this on file? Who conducted the monitoring?	

M.4.8. Certification/Eligibility - Income Eligibility, Identity and Residency

Please answer the following questions (See Section C for clarification on identity, residency and income).

How are applicants told they need to provide proof of identity, residency and income when they call for an appointment, walk in for an appointment, or schedule a recertification appointment?	
What staff completes this screening of these proofs?	
What is entered in the income field when participants are adjunctively income eligible? Are adjunct eligible families asked to self declare income?	
If the participant provides no proof of income, identity and/or residency, what steps are followed? How is this documented? When is "Provisional Certification" used?	
When is the "Affidavit" used in place of required proofs?	
Is the clinic reassessing income during the certification period when information is received that the participant may no longer be income eligible or adjunctively eligible? (Not required in the last 90 days of a cert period)	

M.4.9. Certification/Eligibility - Proxies

Please answer the following questions (See Section C for further clarification).

What, if anything, are proxies required to bring to the clinic prior to receiving checks?	
Are proxies being allowed to certify children in place of an endorser (parent, guardian or caretaker)?	

M.4.10. Certification/Eligibility – Guardianship

When is proof of guardianship/caretaker required?	
How is this proof documented?	
What is done when this proof cannot be provided?	

M.4.11. Food Benefit Issuance System - Check Issuance

Please answer the following questions (See Sections C and E for further clarification).

Are participants given 15 days notice (with benefits) prior to being removed from the program? Where is this documented?	
Who is responsible for check issuance?	
How is the separation of duties handled in this clinic to determine eligibility and issue checks?	
Who is responsible for providing education to each applicant at every certification on how to use and redeem food instruments and cash value vouchers?	
How do you ensure this is happening? Is this documented? If so, where?	
What methods/materials are used to provide this education?	
Where are checks stored and how are they secured?	
Have checks ever been stolen from your clinic? What procedures were followed?	
Are checks printed before the participant arrives at the clinic?	

Is the clinic documenting all formula returned? Is formula destruction documented?	

In what situations is the clinic mailing checks? Where is this documented?	
Where are Certified Receipts from mailing checks kept?	

M.4.12. Vendor Management

Please answer the following questions (See Section F for further clarification).

Who handles vendor management in this clinic?	
When did each staff person involved in vendor management complete the Vendor Management Module?	
Where is the most recent vendor list posted?	
Does each vendor have their own file? What is kept in the vendor files?	
How are complaints, problem resolution, and follow-up with vendors documented? What types of complaints are documented?	
Which vendors have been monitored during the last year? Were they monitored within the appropriate time frames set by the state? Which vendors still need to be monitored? When will this be completed?	
What are some of the continuing problems the clinic is having with vendors? How does your vendor management staff attempt to correct these problems?	

M.4.13. Ineligibility

Please answer the following questions (See Section G for further clarification).

Who handles participant violations in this clinic? When did they complete the Participant Violations Module?	
How are complaints *against* a participant handled? Where are they documented?	
How do you follow-up or flag participants suspected of violations?	
Is the participant violation screen completed appropriately and participants given appropriate corrective action?	

What is the clinic's procedure for notifying participants of an alleged violation within 15 days of receipt of the violation? In what circumstances is the client counseled on the phone? In what circumstances is the client asked to come to the clinic?	
Is the Participant Violation Log being kept and documented completely including warnings, suspensions and amount of claims requested?	
What is your procedure for handling the repayment of benefits?	
How is clinic/employee fraud monitored and prevented?	
Has there been any suspicion or allegation of employee fraud? If yes, was it reported to the State?	

M.4.14. Supplemental Foods

Please answer the following questions (See Section H for further clarification).

Who is responsible for assigning food packages?	
Who is responsible for tracking and following medical formulas ordered through the state office?	
How are medical formulas ordered through the state office being tracked? How often?	
Explain your procedure for accepting prescriptions from the Formula and Food Authorization Form.	
Explain your procedure when participants do not have a prescription.	
Explain your procedure for issuing packages containing cheese at a size greater than 1 lb.	
Explain your procedure for issuing whole milk to a child older than 2. How is this documented?	
When a participant is receiving extra formula in exchange for complementary foods, how is this documented?	
Who contacts the State office for approval of low iron formula?	
Are Human Milk Fortifier and premature infant formulas approved & issued according to the Policy and Procedures Manual? How is this tracked?	
Are all breastfeeding participants receiving education from a Lactation Educator on the risks of formula before issuance?	
In the rare exception instances when I can of formula is issued to infants in the 1st month, what are the primary reasons for issuance?	

M.4.15. VENA – Collecting Accurate Data

Please answer the following questions (See Section C and the Anthropometric and Biochemical modules for information on laboratory procedures).

Who is responsible for lab procedures?	
Why and when is referral information used? Where is the source of medical data documented?	
How do you verify that all anthropometric data are collected according to the recommended and preferred methods?	
How do you verify that all blood tests are performed according to the recommended and preferred methods?	
Are you using a hemoglobin/hematocrit instrument that requires calibration? If so, where is this calibration documented?	
How do you check the accuracy of plotting on the growth grids?	
Are prenatal weight gain grids plotted correctly?	
What procedures are used to ensure all pregnant women are weighed at each visit?	
When did the Bureau of Weights and Measures last check the scales?	
When was the last time measuring boards were checked for accuracy?	
How often are the scales, centrifuges, HemoCues and measuring boards cleaned? Where is this documented?	

M.4.16. VENA & Nutrition Education

Please answer the following questions (See Section I for further clarification).

Are VENA interview panels, as well as starters/prompts used appropriately?	
What aspects of VENA are hard to implement?	
What additional training on VENA do you or your staff need?	
Who is responsible for coordinating nutrition education classes?	

How are nutrition education classes assigned for participants? What are the categories of classes that are routinely provided?	
Is nutrition education given at each clinic visit? If not, why not?	
Besides traditional classes, what other education approaches are you using? **(Submit a copy of all lesson plans being used, including interactive bulletin boards, self-paced modules, web based, etc.)**	
How frequently are classes evaluated? By whom? **(Provide evaluation file to state office)**	
Who covers core contact?	
What is covered during core contact?	
Who teaches classes?	
How are you using videos?	
What do you do for participants who refuse nutrition education?	
How are high risk participants scheduled?	
Who writes the initial care plan? The follow-up care plan? How do you ensure that all required information is covered with the participant?	
How often are follow-up visits scheduled? For which risk factors?	
Where are nutrition education contacts documented? • List all areas of the computer system	
Who assigns NRFs in this clinic? Who enters them into the computer?	
How does the clinic ensure all NRFs, including those that are not auto assigned, are assigned?	
What is the most frequently used risk factor for each category in this clinic?	
What is the risk factor used the least for each category in this clinic?	
Are there any risk factors you need clarification on during this visit?	

M.4.17. Nutrition Education Evaluation & Plan

Please answer the following questions (See Section J for further clarification).

Who wrote the Nutrition Education Plan? When was it submitted? When was it approved?	

What (if any) areas were not followed/completed? Why?	
How are health outcomes being assessed?	
Do you or your staff need additional training on the Logic Model?	
Was the Participant Satisfaction Survey conducted recently? What will you change as a result?	
What data reports were used?	
What VISION data reports do you use?	

M.4.18. Breastfeeding Promotion and Support

Please answer the following questions (See Section K for further clarification).

How does the clinic let the public know WIC supports breastfeeding? (i.e. posters, health fairs, etc.)	
What is used to make the WIC clinic environment breastfeeding friendly?	
What did you do during World Breastfeeding Month?	
When new staff is hired, what breastfeeding training is included?	
How are referrals made to Lactation Educators? In what circumstances?	
Are there any IBCLCs on staff?	
What breastfeeding resources are on your referral list?	
How do you ensure all prenatal and postpartum participants receive breastfeeding information? How do you include friends and family members in this education?	
Breastfeeding Coordinator – do you know how much time (or approximately what percentage of time) is spent on breastfeeding P and B/I by CPAs at certifications?	
What would your CPAs estimate as how much time they spend on breastfeeding education and counseling at certifications, classes and follow up?	
What would your Peer Counselors estimate is the knowledge base for participants of their breastfeeding issues upon referral to them? Would they say the women have e.g. been introduced to the breastfeeding topic and then referred to the Peer Counselor?	
How do you assess formula issuance for breastfed infants?	
How do you assist working moms, NICU babies, etc. with breastfeeding?	

What accommodations are made to ensure privacy for counseling and feeding for breastfed infants and their mothers?	
Who issues breast pumps and supplies in this clinic?	
Where are breastfeeding aids stored?	
How many Peer Counselors do you have?	
How many hours do they work? How is this meeting your needs?	
How often do Peer Counselors meet together and network among themselves?	
How many support groups do the Peer Counselors facilitate? How are these planned and organized?	
Do you have a Peer Counselor Supervisor? Who is this?	
Who maintains the breastfeeding log? What forms are you using?	
When issuing electric breast pumps: • Who issues the pump? • Where is the reason for issuance documented? • Is the issuance documented in the computer? If not, why not? • Is there weekly follow-up? By whom? If not, why not? • Who cleans the pump when it is returned? Where is the cleaning documented?	

Who issues the Single User Pumps?
  • Is a log of issuance maintained?
  • Are copies of the release forms maintained?
  • Has a pump ever been returned to the clinic?
  • If a pump has been returned, how did staff handle this since it can only be used by one person?
  • How are follow up contacts documented?	

Where is the reason for issuance of all other breastfeeding aids documented?	
What breastfeeding education materials are you using? What additional breastfeeding education materials are you in need of?	
How do you assess staffs understanding of the breastfeeding promotion aspects of new food rule? That is to say - to encourage continued breastfeeding, to limit use of artificial baby milk, and to have food packages that may be used as incentives over providing additional artificial baby milk food packages?	

How is staff handling issuance of food packages for breastfeeding infants and mothers during the first month? Are lactation educators making these assessments?	
Is staff keeping partially breastfeeding participants in-range from moving to out-of range? How is staff assessing breastfeeding and the issuance of artificial baby milk? *Offer only the amount of artificial baby milk needed to support breastfeeding and optimally return to fully breastfeeding.*	
How do you ensure that fully breastfeeding mothers of multiples will receive 1.5 times the enhanced food package VII benefits without over issuance?	

M.4.19. Program Operations

Please answer the following questions (See Section L for further clarification).

What is your procedure in disseminating policy and informational memos to staff? How do you ensure that all staff is aware of the changes? What documentation do you have of this procedure?	
Do you keep a hard or electronic copy of each memo in the clinic?	
How is unauthorized access to the computer system prevented during clinic hours?	
When, if ever, is confidential WIC information shared with persons outside of the WIC program?	
What activities have taken place in the area of outreach this year? What documentation can you provide?	
Did all outreach materials contain the clinic's address, phone number, clinic hours and the non-discrimination clause? If not, why not?	
Is a hard or electronic copy of the Policy and Procedure manual (P&P) on file in the clinic?	
Is clinic staff aware of where to find the current P&P?	
Are the P&P changes reviewed annually by all staff?	
Is all equipment tagged with a permanent ID number? If not, why not?	
Is all equipment listed in the inventory file? If not, why not?	
What information is listed in your inventory file?	

Is the inventory list being checked for accuracy and reconciled at least once every two years?	
Is a log being kept documenting any files to be destroyed? Is the log signed by two witnesses?	
Is the clinic accessible to the disabled? What accommodations are made for participants with disabilities including hearing, vision and physical impairments?	
Are you able to provide a sign language interpreter upon request? If not, how will you respond to such a request?	
What percentage of your current caseload does not speak English? What languages do they speak?	
How does the clinic communicate with non-English speaking participants when they call the clinic? At certification? During nutrition education classes?	
Which staff members are proficient at speaking Spanish? What percentage of your staff speaks Spanish?	
What contracts or other plans are in place to communicate with participants who do not speak English or Spanish?	
Has each staff member been trained on Civil Rights this fiscal year? Were new staff members trained within 60 days of hire?	
Were Civil Rights post tests submitted to the State for grading? Are the completed tests and the attendance log on file?	
Does the clinic use any forms or informational materials not provided by the State? Do they contain the non-discrimination statement?	
If the agency has a WIC website or a webpage within the local health department's website is it maintained with current information? Does it contain the non-discrimination statement?	
Have there been any complaints of discrimination made at the clinic? How were they handled?	
Where is the "...And Justice for All" poster located?	
What basic steps has your agency taken to prepare for emergencies?	

M.4.20. Management Information Systems

Please answer the following questions (See Section O for further clarification).

How are you training new staff on the VISION system?	
What steps does your office take to ensure integrity of participant information input into the computer system?	
What steps are taken to ensure that software unrelated to WIC, clinic operations or local health department business are not loaded on the WIC-owned machines?	
Does your Agency require each end user to review and sign an Acceptable Use Policy? If so, where and how are they maintained?	
How do you ensure that your staff are reporting issues and errors to the WIC help desk?	
Does your local Agency require periodic computer user security training? Does it cover the following topics: access, appropriate internet use and confidentiality of participant information?	
Which other reports do you run on a regular basis? How do you use them?	
What additional reports do you need in this clinic? What would they be used for?	

M.4.21. Forms

Please answer the following questions (See Section N for further clarification).

How do you verify that you are using current clinic forms and staff training modules?	
Does staff know where to find the newest revisions?	
Are obsolete forms and materials discarded on a regular basis?	
Who tracks your inventory of forms, nutrition education pamphlets and miscellaneous materials? Who completes the order form?	
Is your staff printing out the Smoking Cessation referral form when it is applicable? If not, why not?	

M.4.22. VISION Policies

Please answer the following questions (See the VISION Policy and Procedures Manual for further clarification).

Are scanned documents being saved according to policy?	

If the clinic has more than one MICR printer, is the printer log being documented properly?	
Is the clinic completing a weekly inventory of check stock and making needed adjustments?	
Is clinic staff tearing the check perforations for the client?	
Is the "Preferred Spoken Language" and "Printouts Language" being properly input into the system for each family?	
How were the paper participant charts and other paper files that are no longer used retained for the required retention period?	

M.5. Quality Assurance Component of Self Monitoring Tool
(to be submitted at least 30 days prior to the State ME visit.)

Self-evaluation Tool - Certification

Please review 15 files in a small clinic and 30 files in a large clinic. Ensure all categories of participants are reviewed (P, B, N, I, C). Below is space for 4 files. Please make copies for additional chart review. Fill in **actual data** unless yes/no question. Look at the most recent certification and the certification immediately prior. **Circle all deficiencies in red.**

What to Review	Chart #1	Chart #2	Chart #3	Chart #4
Family ID #				
Participant #				
Participant Name				
Category (P, B, N, I, C)				
Age at certification (if infant/child)				
Were they certified within 10-20 days of first contacting the clinic?				
Hematocrit/Hemoglobin performed according to policy?				
Height/length & percentile at cert				
Weight & percentile at cert				
OFC at cert				
Prepregnancy/postpartum BMI				
Nutrition Risk Factors assigned				
CPA assigning risk factors/food package				
Core contact at initial cert				
Educated on how to use/redeem FIs				
Appropriate education provided				
Appropriate referral provided				
Follow-up by client on referrals				
Food package assigned				
If food package not standard, is documentation available?				
Optional Infant Feeding Survey (for pregnant moms)				
What classes were attended? Are they appropriate for NRF and category?				

Self-Evaluation Tool - Closed Files

Please review 10 files in a small clinic and 15 files in a large clinic. Review all types of closed files (missed class appointment, categorically ineligible, missed cert appointment, request termination, etc.).   Below is space for 4 files. Please make copies for additional chart review. Fill in **actual data** unless yes/no question. **Circle all deficiencies in red.**

What to Review	Chart #1	Chart #2	Chart #3	Chart #4
Family ID #				
Participant Number				
Participant Name				
Reason removed from WIC				
Notice of Termination issued?				
Notice with benefits given 15 days before they were removed from the program?				